



# ***Healthy Aging: New Directions for Care***

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## **Part One: Overview**

November 1999

Long Term Care Review:  
Final Report of the Policy Advisory Committee

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<http://www.health.gov.ab.ca/key/keylong.html>



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This icon shows two hands reaching out in a gesture of support and caring. Not only does this gesture represent our concern for each other, but it also represents a handshake and therefore commitment. The white space between the hands forms an "H" in reference to the title of this publication, *Healthy Aging*.



## **Letter from the Chair**

On behalf of the Policy Advisory Committee on Long Term Care, I am pleased to provide our report and recommendations for the future.

At the outset, I want to thank literally hundreds of people who contributed directly to the outcomes of this review – seniors, health care providers, health authorities, experts both here and around the world, interested Albertans, and members of a number of different committees and government departments.

It has been a privilege for me to work with an outstanding Committee – people who have a strong commitment to improving seniors' health and continuing care in the province, people who sacrificed a considerable amount of personal time over the past two years to help shape new directions for the future.

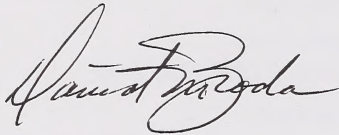
From our work over the past two years, we have learned a great deal. Albertans care deeply about their health system and they want continuing care services to be there when they need them. Hundreds of family physicians, specialists, nurses, health providers, pharmacists, therapists and a host of other health care providers work tirelessly, day after day, to meet the needs of Albertans, especially older people. Regional health authorities continue to lead the way in trying new approaches to deliver the services their community members need and expect. Albertans are truly fortunate to have such a high level of dedicated people working to meet their health care needs.

Looking ahead to the future, we believe that the status quo is not an option. Doing more of the same will not provide the kind of future we want or need. To promote healthy aging and to meet the needs of an aging population, we need to take a fundamentally different direction for the future. We need a "paradigm shift" in the way Alberta society and the health system responds to and addresses the needs of a new generation of older people.

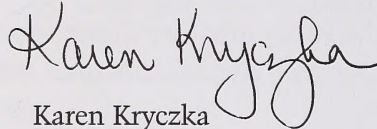


Taken together, our recommendations describe a very different future for continuing care in the province. They build on the many successes and strengths in today's health system, and address both the immediate pressures and the need for new directions for the future. We encourage government and all Albertans to consider our recommendations carefully and to begin now to prepare for a new generation of older people.

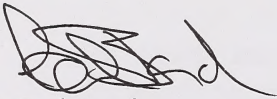
Sincerely,



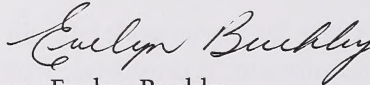
David Broda  
Chair, Long Term Care  
Policy Advisory Committee  
MLA, Redwater




Karen Kryczka  
Vice-Chair, Long Term Care  
Policy Advisory Committee  
MLA, Calgary West



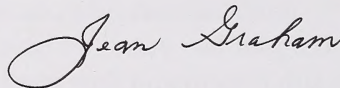
Carl Bond



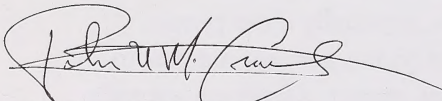
Evelyn Buckley



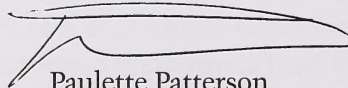
Mary Engelmann



Jean Graham



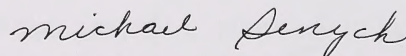
Dr. Peter N. McCracken



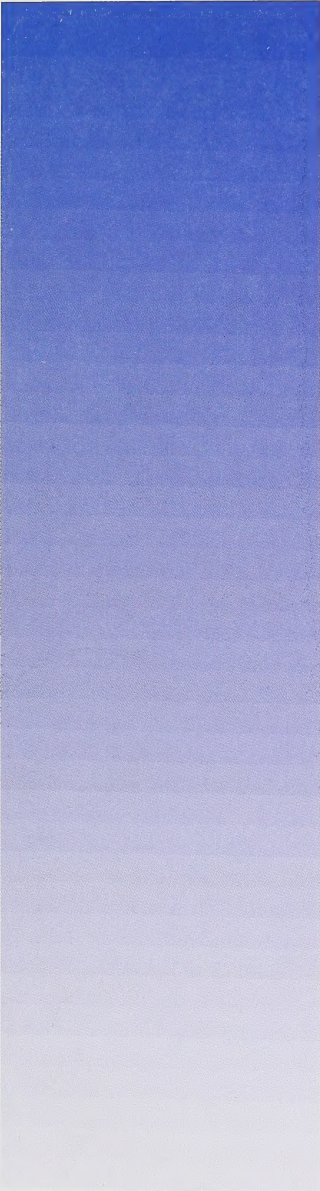
Paulette Patterson



Doug Schindeler



Michael Senych



## Why review long term care in Alberta?

### *Purpose of the review*

Across Canada, Alberta is known as a leader in continuing care. Health authorities, long term care centres, physicians, nurses and a host of health care providers have worked hard to recognize and respond to the needs of older people and people of all ages who need long term care.

At the same time, if we look ahead, we know that a number of factors will affect continuing care in the future. Alberta's population is growing in numbers – more people are coming to the province and many seniors are also choosing to return to Alberta because of the range of programs and services available. We're also aging. Today, 9.8% of Alberta's population is over 65 years of age. By 2016, that number is expected to grow to 14.5%, and by 2031, roughly one in four Albertans will be over 65.

Think about what Alberta will be like when there are more grandparents than grandchildren! Clearly, there are implications not only for the future of our health system and continuing care in particular, but also for families, communities and our society as a whole.

2016 will be here before we know it. It's important to look ahead and anticipate what Alberta's continuing care system will look like in 2016 or sooner, consider what needs and expectations Albertans will have, and think about how the system should be organized to meet those needs. By deciding now what we want in the future, we can begin to take the necessary steps now to achieve the future we want.

In November 1997, Health Minister Halvar Jonson initiated a comprehensive, two-year review of long term care services in the province. The purpose was to consult with Albertans, review trends and alternatives, consider the impact of an aging population, and develop a comprehensive direction for moving Alberta's continuing care system into a new millennium.



## As the Minister describes it ...

*Simply put, our long-term care system needs to be ready to accommodate the baby boomers when they enter the system. We need to be able to provide more accessible and equitable long term care services to Albertans who need them. We need to ensure consistency of long term care services throughout the regional health authorities. We need to work to ensure that the choice of services that will be demanded by clients will be available. In short, we need to ensure that our long term care system is able to meet the future needs of Albertans in the new millenium.*

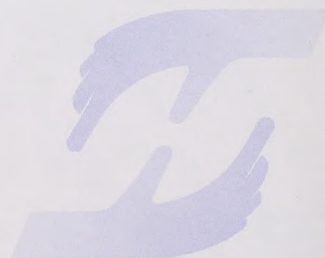
A Long Term Care Policy Advisory Committee was established to guide the review, provide advice on specific issues and develop recommendations for the future.

For the past two years, the Committee has listened to literally hundreds of people – seniors, physicians, nurses, experts, regional health authorities, people who work directly with seniors or in continuing care, and interested Albertans. Through its work, the Committee has learned a great deal about Alberta's continuing care system. We have learned that people care deeply about health. They want their parents and grandparents to get the kind of compassionate care and respect they deserve. And they want the same kind of care and respect to be available when they become seniors themselves.

We learned that, across the province, people are taking the lead in developing and implementing innovative approaches to continuing care. Family physicians, specialists, nurses and a whole range of health care providers are working hard to meet the needs of older people in their communities. Regional health authorities, operators of long term care centres, and the private and voluntary sectors are working together in many locations to provide leading edge facilities and a flexible range of programs and services to meet the changing needs of seniors. The CHOICE program in Edmonton, special Alzheimer's care centres in Edmonton and Calgary, assisted

*"Family physicians, specialists, nurses and a whole range of health care providers are working hard to meet the needs of older people in their communities."*

Policy Advisory Committee





*"Regional health authorities, operators of long term care centres, and the private and voluntary sectors are working together in many locations to provide leading edge facilities and a flexible range of programs and services to meet the changing needs of seniors."*

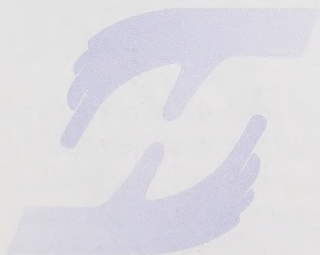
*Policy Advisory Committee*

living programs in places like Spruce Grove, Stony Plain and Morinville, and care housing projects in places like Daysland and Taber are just a few examples.

We also learned people's views about a number of issues and listened to their ideas about how those issues can and should be addressed.

Alberta has long been known as a leader in continuing care in Canada. We now have a real opportunity to build on the strengths of today's system and look ahead to a very different future. The Committee's report and recommendations are intended to build on our tradition of embracing new ideas and new approaches, and combining that with the commitment of people already in the system to meet the needs of seniors in their community.

Most important, the Committee hopes that its report and recommendations describe an innovative new future for continuing care in the province, one that meets the needs of an aging Alberta population.



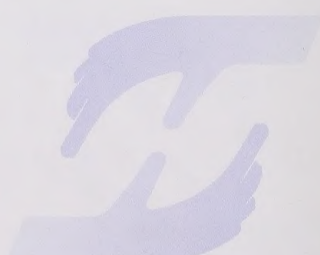
## *Planning for the future*

The Long Term Care Policy Advisory Committee's mandate was to:

- ▶ Provide advice and recommendations to the Minister of Health and Wellness on:
  - Home care
  - Drug strategies
  - Health related support programs and policies
  - Accommodation policies
- ▶ Consult with consumers, regional health authorities and stakeholder groups in the development of recommendations
- ▶ Develop a comprehensive health services approach toward meeting the needs of an aging population over the next 10 – 25 years
- ▶ Provide advice on any other issues relating to the need to plan for and respond to the impact of the aging population on the health system.

*"Think about the fact that there will be more grandparents than grandchildren. In 50 years, about the lifetime of a building, seniors could compose between a fifth and a quarter of the population. They will affect the culture (more early bird dinner specials at restaurants than bars that close late), patterns of consumption (more Depends than Huggies), and achievements in well-being (quality of life at the end of life, not only in the early years)."*

**Dr. Satya Brink, Special Advisor,  
Human Resources  
Development Canada**





## Members of the Committee are:

**David Broda**, Chair, Long Term Care

Policy Advisory Committee

MLA, Redwater

Member, Standing Policy Committee,  
Health and Safe Communities

Member, Natural Heritage Act Review  
Committee

Member, Standing Committee Law  
and Regulations

Past member, Centennial MLA Committee

**Karen Kryczka**, Vice-Chair, Long Term Care

Policy Advisory Committee

MLA, Calgary West

Chair, Steering Committee for the  
Government-Wide Study on the  
Impact of the Aging Population

Chair, Seniors' Advisory Council  
for Alberta

**Carl Bond**

President,

Alberta Long Term Care Association

**Evelyn Buckley**

Chair, Board of Trustees,

Bethany Care Society, Calgary

Member, Mental Health Review Panel

**Mary Engelmann**

Past President, Alberta Association  
of Gerontology

**Jean Graham**

Chair, David Thompson Regional Health  
Authority

Chair, Provincial Health Authorities of  
Alberta

Chair, Canadian Health Care Association

**Dr. Peter N. McCracken**

Professor of Medicine, University of Alberta

Past Divisional Director, Geriatric

Medicine, University of Alberta

Past President, Canadian Society for  
Geriatric Medicine

**Paulette Patterson**

Public representative

Business woman and former manager  
of a senior citizens lodge

Chair, Human Resources and

Employment Appeal Panel, Grande Prairie

**Doug Schindeler**

Retired health care executive

Member, Chinook Regional Health  
Authority

**Michael Senych**

Mayor, Village of Thorhild

Chair, Thorhild Seniors' Foundation

Former MLA

The Committee also received ongoing advice and assistance from Dr. Darryl Rolfson, a Geriatrician with the Capital Health Authority. Ongoing support throughout the review was provided by key staff of Alberta Health and Wellness including Ron Dyck, Vivien Lai and Carroll Thorowsky, as well as members of the Joint Alberta Health-Regional Health Authority Committee.

In addition to the Long Term Care Review, the provincial government also has initiated a Government-Wide Study of the Impact of the Aging Population on government programs and services. The Policy Advisory Committee maintained close links with that study and, in several places in this report, issues have been identified for follow up by the government-wide study.



## *Outline of the Committee's report*

It is difficult to summarize two years of work, countless studies and pages of information, and the excellent advice received from hundreds of people, both experts and interested Albertans. For that reason, the Committee has organized its findings and recommendations into a package of three documents.

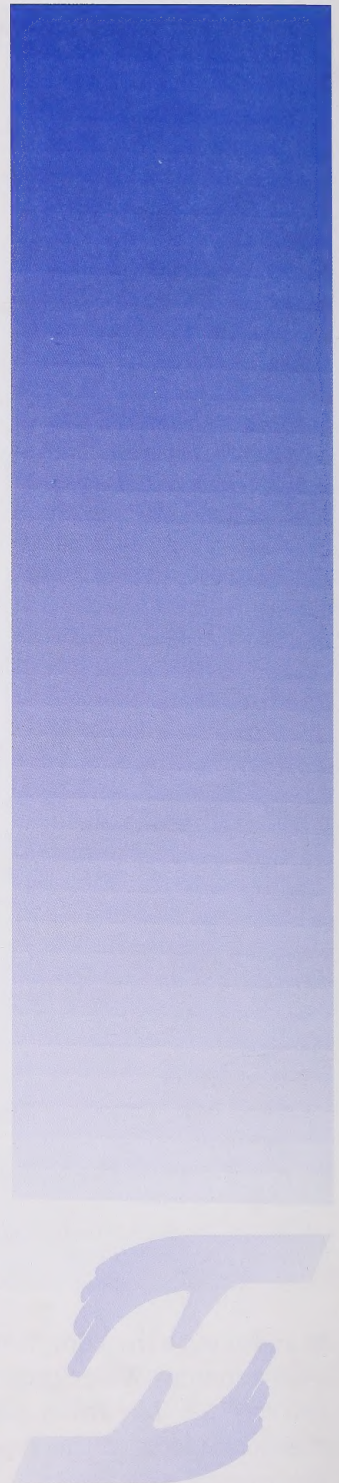
**Part One** provides an overview and highlights of the Committee's new vision for continuing care and meeting the needs of an aging population in the province. It includes key recommendations both for addressing immediate pressing needs and for implementing new directions for the future.

**Part Two** summarizes the process used by the Committee and the major findings from the various submissions, trends across Canada and around the world, the views of Albertans and various experts, and a study of alternative scenarios for the future.


**Part Three** describes, in more detail, the Committee's recommendations on short term solutions, new directions for the future of continuing care and healthy aging, and specific recommendations for addressing issues and implementing a new, and very different, continuing care system in the future.

Along with this package, the Committee strongly encourages people to review three additional documents:

- ▶ *Summary of Consultations with Public, November 1998 to March 1999*
- ▶ *Summary of Consultations with Experts, January to March 1999*
- ▶ *Future Scenarios: Continuing Care Service Needs in Alberta, November 1999.*







## **Listening and learning – A look at views, trends and issues**

A key part of the Committee's work was to seek the views of Albertans and experts in gerontology, geriatrics and the continuing care field, as well as to look at trends in continuing care across Canada and around the world.

Highlights of the various views and trends include the following:

- ▶ Around the world, there is an increasing focus on people remaining in their homes as long as possible. Combined with that, there is a corresponding decline in the number of people living in long term care centres or other forms of institutions.
- ▶ Health, social services and housing services are being de-linked or “unbundled.” This allows people to make choices about the kind of services they need regardless of where they live.
- ▶ More funding is going directly to individuals and moving with them wherever they live. This also reflects a growing emphasis on people making their own choices.
- ▶ There is an increasing array of community service providers in both the public and private sectors. The private sector is playing an increasing role in providing housing alternatives so people can “age in place.”


The following are the key views we heard from Albertans through public consultations.

- ▶ Albertans are passionate about their health system and they know their values.
- ▶ Keeping people healthy is the first step.
- ▶ Many aspects of acute care services for older people need improvement.
- ▶ Community support and care services need to be enhanced.
- ▶ More flexible housing options need to be developed.
- ▶ Continuing care facilities will be managing more complex conditions in the future.
- ▶ Multiple financial and funding approaches are suggested.
- ▶ The role of the private sector is a special issue.
- ▶ Drug utilization is a major concern.
- ▶ The physician's role needs to be addressed.
- ▶ Technology holds high potential.
- ▶ Ethical issues are gaining prominence.
- ▶ Aboriginal members have special needs.
- ▶ Mental health issues need more attention.
- ▶ Quality of care, standards and regulations need to be addressed.

Through the various consultations, the Committee learned about a number of innovative new programs and services being developed across the province. At the same time, seniors, experts and people working directly in health identified a number of issues and provided their ideas on how those issues should be addressed. Highlights of what we heard include the following:

- ▶ Acute care hospitals and medical services need to be better organized to meet the complex, multiple health problems of older people, especially those who are frail.
- ▶ There is a shortage of people trained to work with older people. That includes a shortage of geriatricians, registered nurses and nurse practitioners with a specialization in geriatrics, and people who are trained to address the increasingly complex health needs of people who live in long term care centres.



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- ▶ Strategies are needed to identify older people at risk, prevent hospitalization unless it is necessary, carefully plan follow up care when people are discharged from hospital, and provide other options for addressing seniors' health needs.
  - ▶ To allow older people to maintain their independence as long as possible, home care services need to be expanded and more housing options are needed, especially in rural communities, so people don't need to move into long term care centres.
  - ▶ Services for older people with complex and chronic health problems need to be coordinated, with physicians, nurses, health care providers and others working together to meet their needs.
  - ▶ There are some inconsistencies in access to continuing care programs and services across the province.
  - ▶ Informal caregivers – family and friends – need support in caring for aging family members.
  - ▶ Current rates of accommodation charges in long term care centres need to be reviewed.
  - ▶ In an immediate sense, there are shortages of spaces in long term care centres to meet current needs, a backlog of people waiting in hospitals, and a shortage of home care services.

## Addressing two challenges

The primary focus of the Committee's report and recommendations is on describing a fundamentally new and different approach to continuing care in the future. We strongly believe that the status quo is not an option for a number of different reasons – most importantly, because it will not meet the needs of a new generation of aging Albertans.

At the same time, there are immediate concerns that need to be addressed.

Taken together, the Committee's recommendations are designed to address these two challenges – the challenge of meeting short term needs and the challenge of moving forward with a fundamentally new direction for continuing care.

*"The status quo is not an option for a number of reasons – most importantly, because it will not meet the needs of a new generation of aging Albertans."*

Policy Advisory Committee



*"Whatever you do, do not work under the assumption that all you need to do is do the same thing, only more and faster. Through these careful deliberations, take the opportunity to develop a new model that works for Alberta well into the next century."*

*Dr. Satya Brink, Special Advisor,  
Human Resources Development  
Canada*

## Setting new directions

### *A new vision*

The Committee believes that a fundamentally new direction is needed for continuing care in the province. That new direction begins with a new vision for aging in the 21st century.

Our vision for aging in the 21st century is a society where all Albertans:

- ▶ Are treated with respect and dignity
- ▶ Have access to information which allows them to make responsible choices regarding their health and well-being
- ▶ Can achieve quality living, supported by relatives, friends and community networks, and by responsive services and settings.

Meeting the future needs of an aging population requires more than just expanding services. It requires a new focus on healthy aging. It demands that people have choices in the care they receive and where they receive it.

### *Guiding principles*

Consistent with the vision, the following guiding principles will help the health system respond to an aging population.

#### **Wellness and prevention**

- ▶ Support healthy aging for all Albertans.
- ▶ Emphasize promotion of health and prevention of illness, injury and disease.
- ▶ Help Albertans to cope effectively with chronic conditions and function to the best of their abilities.

## Client centered

- ▶ Endeavor to understand and meet client and family needs, work in partnership with clients, and ensure client choice where possible.
- ▶ Acknowledge the client's right to dignity and self-determination.
- ▶ Have reasonable access to a variety of affordable services and have their needs met in a flexible, timely and responsive manner.
- ▶ Respect the client's right to privacy of space and person.
- ▶ Recognize and respond to the physical, psychological, spiritual and social aspects of health.

## Information

- ▶ Provide clients with access to information required to make informed choices and decisions regarding care and services.
- ▶ Ensure confidentiality of personal information, however, allow appropriate sharing of information to support the highest quality of services and best possible outcomes.

## Individual and shared responsibility

- ▶ Encourage independence by assisting Albertans to reach their greatest potential, recognizing that clients and families have the primary responsibility for their own health.
- ▶ Recognize the concept of interdependence and facilitate collaboration between Albertans, community and government.

*"Aging is not a disease to be treated, but a state of living and being."*

*Alberta Association of  
Registered Nurses*



*"The direction will be very different from today. It will reflect a fundamental shift, putting the needs of the individual first and giving people choices in where and how their assessed needs are met."*

*Policy Advisory Committee*

## Effectiveness and efficiency

- Make decisions based, as much as possible, on the values of the consumer, on evidence provided through research, evaluation and technology assessment, and available resources.

## Intersectoral approach

- Recognize that, by working together, Albertans, government, regional and provincial authorities, non-government organizations, and the voluntary and private sectors all have an active role in contributing to the health of Albertans.

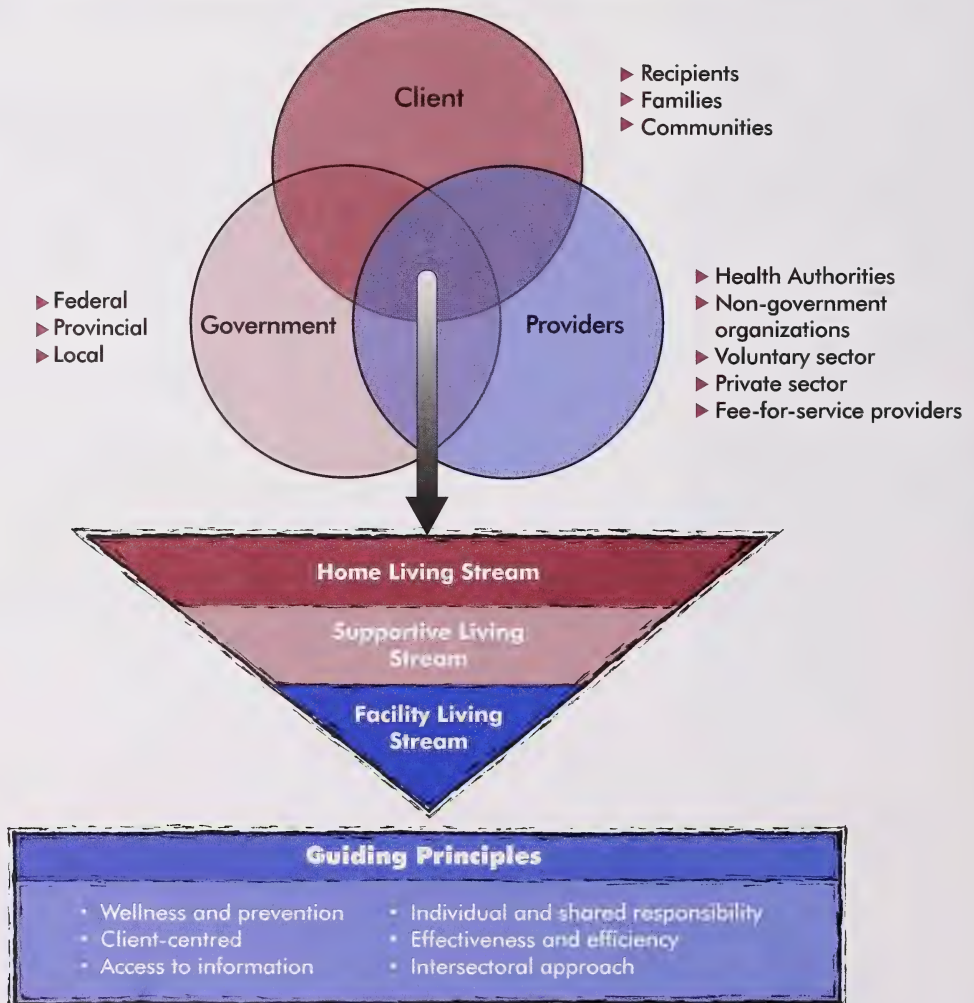
The Committee's vision for aging for Albertans in the 21st century is shown in the attached figure.

Figure 1

## Vision of Aging for Albertans in the 21st Century

**Our vision of aging in the 21st century  
is a society where Albertans:**

- ▶ Are treated with respect and dignity.
- ▶ Have access to information which allows them to make responsible choices regarding their health and well-being.
- ▶ Can achieve quality living, supported as needed by relatives, friends and community networks, and by responsive services and settings



Source: Alberta Health. Policy Advisory Committee. Long Term Care Review. 1998.



## *How will continuing care be different in the future?*

The direction will be very different from today. It will reflect a fundamental shift, putting the needs of the individual first, and giving people choices in where and how their assessed needs are met.

Perhaps the best way to describe the new direction is to contrast it to the current situation in continuing care.

### **What is continuing care like today?**

People have few choices – they can stay at home if they can get the help they need, or they can move into long term care centres. Other options like supportive housing arrangements are just starting to develop.

There are few programs to help people stay healthy and well. The emphasis is on treating people when they are sick.

### **What will continuing care be like in the future?**

Home will be the first choice, and people will have the support they need so they can remain independent as long as possible. Home care services will be increased dramatically.

Supportive housing will expand and people will have many different options for the kinds of services available.

People with complex and chronic health needs will live in continuing care centres. Instead of this being a common option, it will be accessed only when a person's needs can't be met at home or in supportive housing.

There will be a lifelong focus on effective strategies to stay healthy and well. The result will be healthier people, people who are able to live independently and stay active, healthy and well for much of their lives.

## What is continuing care like today?

People who need services have to go to where the services are provided. Services are attached to the place they are provided and aren't tailored to meet individual's needs.

Services for older people are not well-coordinated. It is confusing, and sometimes frustrating, for people to navigate the system and find out how to access the kinds of services they need. Often the services provided by the health system and individuals with continuing care needs are like "two ships passing in the night."

## What will continuing care be like in the future?

The focus will be on bringing services to people not bringing people to services.

Services will be "unbundled" – people will be able to tailor packages of services to meet their assessed needs and allow them to age in place.

The "Coordination, Assessment and Referral for Entry to Services" (CARES) process will provide coordinated access to the full range of continuing care services. Once people's needs are assessed, case managers will arrange for appropriate services regardless of whether the person lives at home, in supportive living arrangements, or in a continuing care centre.

New primary health care models will ensure that teams of health professionals and others are working together to meet the needs of older people – whether that's medical treatment, identifying people at risk, providing therapy, nutrition advice, or arranging transportation to essential services.

Concerted efforts will be made to integrate and coordinate services to frail older people with complex health care needs.



## What is continuing care like today?

Many of the current long term care centres are old and out of date for today's needs. Too many people are living in rooms with up to four people.

Family doctors, nurses and other health care professionals have worked hard to meet the needs of older people with complex, chronic health needs. However, most have very little training in geriatric medicine. They are not well prepared to address the complex and chronic health needs of frail elderly people.

There aren't enough well trained health care providers to meet the needs of an aging population and provide essential services in long term care centres.

## What will continuing care be like in the future?

A new generation of continuing care centres will be developed to meet changing needs. Roughly 600 new beds will be added by the year 2003 in order to meet expected needs.

All existing four bed rooms will be phased out over the next five years.

Continuing care centres will be sites for facility-based long term care as well as palliative care, sub-acute care, respite care, care for people with Alzheimer's disease, wellness and community care programs. They will continue to meet the needs of Albertans of all ages who need continuing care.

Specialized, mandatory programs combined with ongoing inservice training and education programs will ensure that more health care professionals and non-professionals have the expertise to deal with an aging population.

A new provincial Network of Excellence in seniors' health and geriatric care will ensure that health care providers have access to the latest ideas and research on new ways of addressing the needs of an aging population. The programs and services will be coordinated with the needs of the providers and the expertise of universities.

## What is continuing care like today?

## What will continuing care be like in the future?

Strategies will be in place to attract and retain a sufficient supply of geriatricians, nurse specialists, and continuing care front line workers.

Informal caregivers – family and friends – carry much of the responsibility for looking after aging parents and relatives. While steps are being taken to recognize their role and provide support, there is increasing stress on these people as they juggle responsibilities and try to provide the care people need.

Informal care givers will be recognized as part of the team of people providing care and support for a particular individual.

Day programs and respite programs will be widely available to give informal caregivers a break when they need it.

This new direction for continuing care represents a fundamental departure from today's situation. We believe it is the right direction for Alberta – a direction that reflects the changing expectations and needs of a new generation of aging Albertans, and a direction that will result in better care – better coordinated care – for an aging population.



*"We believe it is the right direction for Alberta – a direction that reflects the changing expectations and needs of a new generation of aging Albertans, and a direction that will result in better care – better coordinated care – for an aging population."*

*Policy Advisory Committee*

## **Taking action**

### ***Addressing immediate issues***

The health system today is under mounting pressure to meet the demands for continuing care services. There is a shortage of spaces in long term care centres. The waiting lists for continuing care are long and many people are waiting in expensive acute care beds. Home care resources are stretched, particularly as more people are being discharged early from hospitals and need care at home with their recovery. Currently, a number of spaces in long term care centres are outdated and inadequate, with up to four people in a single room.

These issues need to be addressed. At the same time, the Committee believes that short term actions taken now should be consistent with a longer term vision of what we want to achieve in continuing care. There is no point in taking steps today, such as building a large supply of continuing care beds, if, in future, those beds are likely to stand empty as people choose other options, including staying in their own homes. What is needed is an effective bridge – short term solutions that address immediate problems but also support a longer term vision of new directions in continuing care.


## **The Committee recommends that:**

- ▶ **Additional funding should be provided to address the current pressing needs in continuing care.**
  - *The first priority should be to increase support for home care services so that more people can receive the care they need at home rather than in facilities.*
  - *Steps should be taken to expand home care services available in supportive housing arrangements such as expanding services available in lodges especially in rural communities, making use of subsidized apartments for seniors' housing, and expanding health services in coordination with home care.*
  - *Additional funding should be directed to increasing the number of qualified front line staff available to address the increasing acuity of people in long term care centres.*
  - *For people with complex and chronic health problems, additional funding should be provided to regional health authorities to allow them to look at all possibilities for using existing space and beds in the region, including re-opening closed beds. Although these beds are located primarily in acute care centres, they could be used on a short term basis to accommodate people with higher health needs. There should be minimal disruption to people who are already living in long term care centres.*
  - *For people with less serious health problems, the priority should be on expanding home and community care, providing respite care for informal caregivers, and expanding supportive living arrangements.*

*"What is needed is an effective bridge – short term solutions that address immediate problems but also support a longer term vision of new directions in continuing care."*

*Policy Advisory Committee*





In the short term, additional funding is needed to address current pressures in continuing care. The Committee does not have sufficient information to recommend specific targets for additional funding to meet the immediate needs. We suggest that regional health authorities be asked to identify the immediate needs in their region. We recommend that additional funding should be targeted to meet the most pressing needs in the province, rather than providing an across the board increase in funding for all regional health authorities.

In the longer term, the Committee envisions a continuing care system where fewer people will need care in long term care centres. More people will be able to remain in their homes or in supportive living arrangements while long term care centres will serve only people with complex and chronic health needs. While the Committee recommends that additional spaces will be required over the next five years, we urge caution in “over-building” long term care facilities if people’s needs can better be met in other, more appropriate and less costly alternatives.

For that reason, the Committee suggests that the first priority should be to expand home care services and ensure that those additional resources are used to meet the needs of people with long term home care needs. Steps also should be taken to increase home care services available in supportive housing arrangements. A second priority should be to increase the number of qualified front line staff available to work in long term care centres.

At the same time, the Committee understands that there is a backlog of people who need to be cared for in long term care centres. Finding more appropriate spaces to care for these people would free up acute care beds in hospitals for people who have acute illnesses. In addition, acute care beds are not an appropriate environment for people with long term health care needs.

Therefore, the Committee recommends that every effort be made to make use of existing spaces and beds. This may mean re-opening wings in hospitals or re-opening beds that have been closed for financial reasons. As a bridging strategy, the existing spaces could be converted to continuing care beds on a short term basis. The cost would be less than building new spaces. And it would provide an immediate solution, whereas building new spaces will take time.

Over the next three years, the Committee suggests that plans be in place to open an additional 600 beds in long term care centres to accommodate projected needs. However, these additional beds will take time to build and will not be sufficient to meet the current needs unless immediate steps are also taken to expand home care services and supportive living arrangements.

*"... there needs to be a province-wide capital project strategy which recognizes the ongoing needs for upgrading, replacement and development of a number of models for facility-based continuing care."*

*From public consultations*

*"Unless there is adequate home care available and appropriate supportive housing options for people to "age in place," the province will be faced with mounting pressures to build an estimated additional 8,900 costly long term care beds, even if this is not the most appropriate option for the aging population."*

*Policy Advisory Committee*

## ***Implementing new directions for the future***

Part Three of the Committee's report provides a comprehensive package of recommendations designed to implement the new directions for continuing care.

The recommendations are based on a future scenario where:

- ▶ Three streams are in place – a home living stream, a supportive living stream, and a facility-based stream.
- ▶ Staying independent and in their own homes is the first choice for the majority of aging Albertans.
- ▶ Supportive housing arrangements expand considerably across the province and allow more people to stay in flexible arrangements with increasing levels of services provided to meet their needs.
- ▶ Continuing care centres are an option for people with complex and chronic health needs. In the short term, there is a need to increase the number of spaces in continuing care centres. In the future, the actual number of people living in continuing care centres will not decline because Alberta's population is growing and there will be more older people. However, with expanded options to stay in their own homes, the percentage of the population who lives in continuing care centres is expected to decline by 2016.



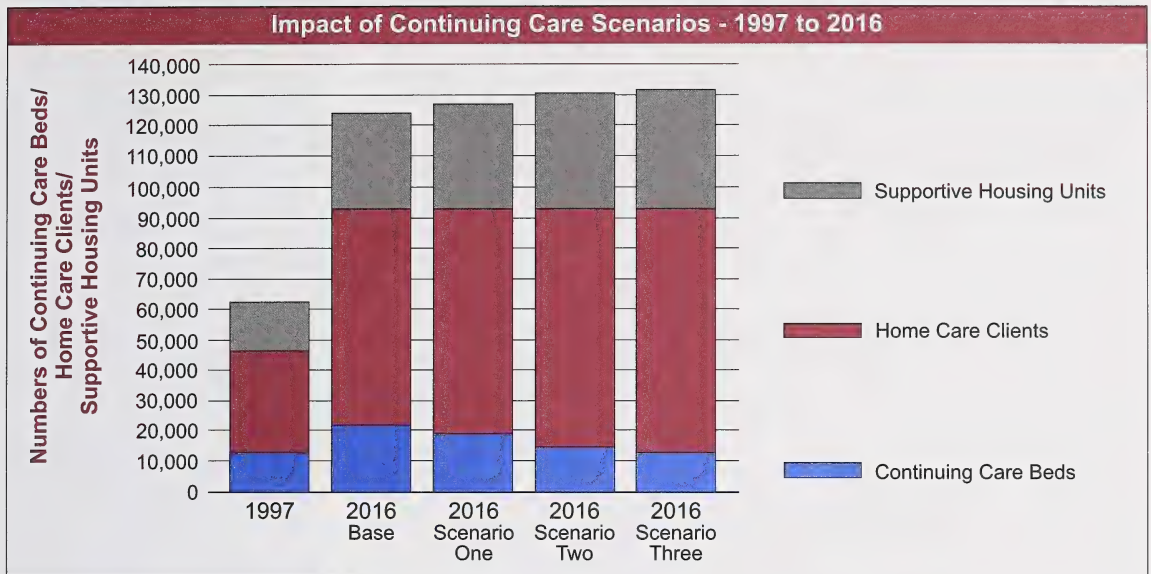
It is important to note, at the outset, that the Committee's recommendations depend very much on a significant increase in home care services and supportive housing arrangements. Unless there is adequate home care available and appropriate supportive housing options for people to "age in place," the province will be faced with mounting pressures to build an estimated additional 8,900 costly long term care beds by 2016, even if this is not the most appropriate option for the aging population. (Source: *Future Scenarios: Continuing Care Service Needs in Alberta*, November, 1999. See figures on page 27 for more information.)

The Committee is confident that, with proper planning, the vision we have outlined can be achieved. It reflects what many Albertans said they want to see for the future. However, it will take time for this vision to unfold. A step by step approach, rather than an abrupt change, is important. Alberta society needs to understand and support this new direction in order for it to happen. Strategies to communicate with the public about new directions and expectations for continuing care and healthy aging are needed. The dramatic changes in the care of older people envisioned by the Committee cannot happen "with the flick of a light switch."

***"Each person must be treated as a person and not as a bed. We would not accept school systems speaking of the number of chairs they are teaching."***

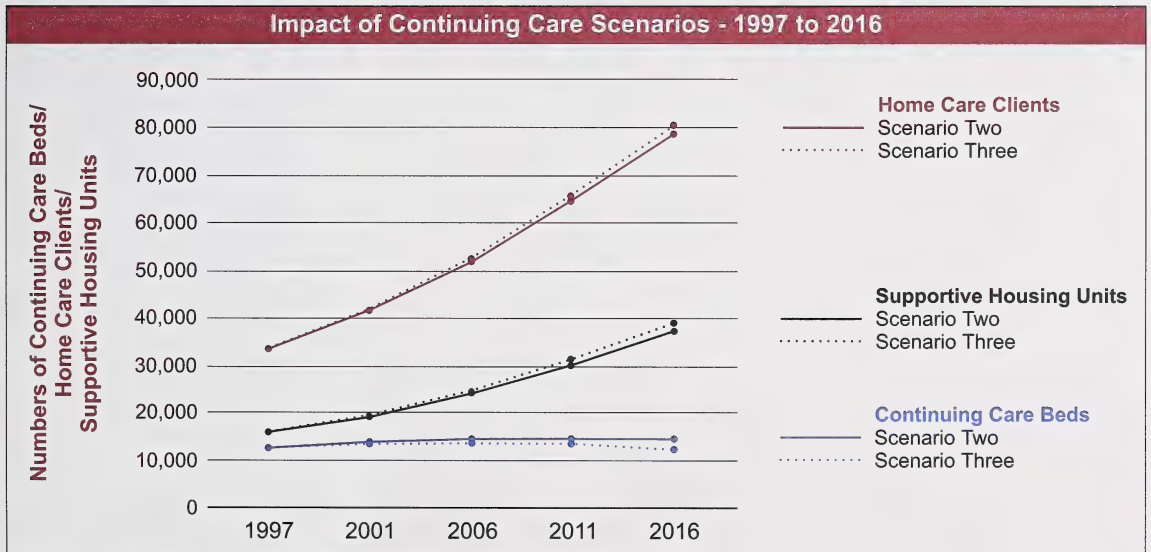
*From public consultations*

Figure 2A



Source: Future Scenarios: Continuing Care Service Needs in Alberta, November, 1999

Figure 2B



Source: Future Scenarios: Continuing Care Service Needs in Alberta, November, 1999

**Key recommendations of the Committee  
include the following:**

- ▶ Establish healthy aging as a priority for government, including a greater emphasis on promoting healthy lifestyles, preventing illness and injury, and empowering and engaging seniors.
- ▶ Adopt primary health care models for providing health services for older people, so services are well coordinated, teams of health professionals work together to meet people's needs, and there are effective and well managed plans in place.
- ▶ Introduce a new coordinated access process to assess needs and ensure appropriate referrals to the full range of continuing care services, whether those services are provided at home, in supportive living arrangements or in continuing care centres.
- ▶ Shift the focus so that the first priority is for people to remain in their homes and other types of supportive living arrangements. Expand home care services substantially.
- ▶ Encourage the private and voluntary sectors to expand the range of supportive living options available across the province. Expand supportive housing to include light and medium care cases, people with mild dementias, and young people with disabilities. Set province-wide standards for supportive housing developments.
- ▶ Establish a new generation of continuing care centres designed to meet the needs of a selective population of frail older people. Begin phasing out all four bed standard rooms. Increase the number of beds by approximately 600 over the next three years to meet the backlog of needs but, at the same time, increase



*"The province is blessed with resources to allow you to get the job done."*

*Dr. Ken Rockwood, Professor of Medicine, Dalhousie University*

supportive housing alternatives and home care to take the pressure off continuing care facilities and acute care hospitals.

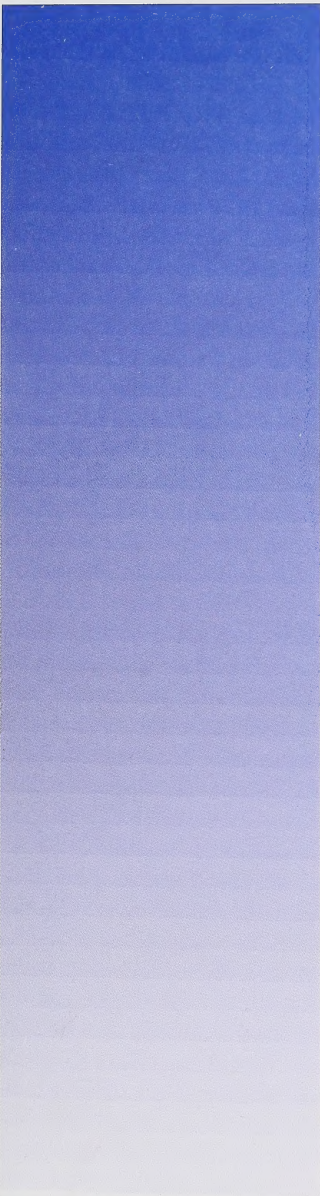
- ▶ *"Unbundle" health care services, other services such as personal care and food services, and housing arrangements. Give people a choice in the specific package of services they need to meet their assessed needs wherever possible. Bring services to people rather than requiring them to move into facilities or travel to where services are provided.*
- ▶ *Re-organize the delivery of acute care services for older people. Introduce a comprehensive case management strategy for meeting the needs of older people with complex, multiple health problems. Ensure that there is effective discharge planning. Enhance geriatric services and access to geriatric assessment services, especially in rural communities.*
- ▶ *Take steps to increase the number of qualified professionals and health care providers working with older people. Establish designated, stand-alone positions for training in geriatric medicine at Alberta's medical schools. Increase the number of nurse specialists in geriatrics. Increase the number of trained people available to work in the community and in continuing care centres.*
- ▶ *Expand geriatric education and training for health care professionals and other health care workers. Set new standards for skills and competencies for people working in continuing care centres. Establish a new provincial Network of Excellence in seniors' health and geriatric care.*

- ▶ Continue to provide professional health services in continuing care centres at no cost to the individual. Increase the current cost recovery charges to more accurately reflect both housing costs and people's ability to pay. Set minimum and maximum levels for charges, and have appropriate subsidies in place for those who need them.
- ▶ Continue to provide professional home care services at no cost to the individual. Introduce consistent charges for the personal care component of home care services such as homemaking services and assistance with the tasks of daily living. Base the charges on the actual average cost and set maximum and minimum charges based on income.
- ▶ Use the additional revenues generated from new cost recovery policies to support improvements in services for people in continuing care centres, expand home care services, and renovate and upgrade existing continuing care facilities.
- ▶ Implement new programs to support acute care drugs for people who are receiving care at home or in supportive housing. Convene a conference on the use and effectiveness of drugs for seniors as a catalyst to develop new strategies on drug utilization for an aging population. Involve physicians and pharmacists in developing strategies for managing and monitoring seniors' drug use.
- ▶ Introduce a new Continuing Care Act to ensure there are consistent standards, appropriate monitoring, and clear responsibilities for the different organizations involved in continuing care.

*"The aging of the population will not have as dire consequences for the health system as some forecast. Nonetheless, it is important that the province increase the pace of innovation to ensure that primary health care is strengthened. Without primary health care, the province's elderly will suffer needless health problems and there will be increasing pressure on the province's institutional system."*

*Dr. Michael Rachlis, private consultant, Toronto, Ontario*



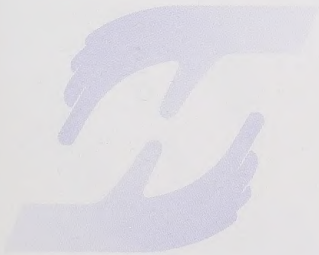


## Next steps

The Committee would like to thank everyone who participated in the review of long term care in the province and helped us set a new direction for the future. Literally hundreds of Albertans, including seniors, health care providers, health authorities, experts and organizations took time to consider today's issues and offer their ideas for the future. Their advice was instrumental in shaping the views of the Committee as it set about the task of developing recommendations.

We have learned a great deal about Alberta's health system and the people who work in the system day after day to meet people's health needs. The quality of care people receive today depends directly on the dedication and commitment of outstanding family physicians, specialists, nurses, regional health authorities, families, volunteers and a whole range of people who work in home care, in long term care centres, in hospitals and in other community programs. Our recommendations are intended to build on and support the important work these people do.

We believe that a combined focus on healthy aging, new directions for care and different housing options will provide the kind of balanced and forward looking approach Alberta needs to prepare for the next generation of older people.





### Success will follow if ...

- ▶ deliberate steps are taken to implement the package of recommendations included in this report
- ▶ those in the health system are able to manage care effectively and make the best use of available resources, programs, services and facilities
- ▶ sufficient resources – people and money – are in place
- ▶ there is a spirit of cooperation among people working in the health system
- ▶ Albertans embrace a new vision for healthy aging and continuing care and take steps to make that vision a reality.

We encourage the government and all Albertans to act quickly – in collaboration with physicians, nurses, health care providers, and health authorities – in setting a new course for the future of seniors' health and continuing care in the province.





